



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
MISSOURI DIVISION OF PROFESSIONAL REGISTRATION  
**VERIFICATION OF WORK EXPERIENCE**

MISSOURI BOARD FOR RESPIRATORY CARE  
P.O. BOX 1335  
3605 MISSOURI BOULEVARD  
JEFFERSON CITY, MO 65102-1335  
TELEPHONE: (573) 522-5864  
TDD (800) 735-2966

**INSTRUCTIONS**

Complete Section I and provide this form to your supervisor, medical director, department director or human resource department. This verification form must be returned by the supervisor to the Missouri Board for Respiratory Care within ninety (90) days of your application. This form may be photocopied as necessary.

**SECTION I - TO BE COMPLETED BY APPLICANT**

NAME (FIRST, MIDDLE, LAST, SUFFIX)

OTHER NAMES THAT YOU HAVE BEEN KNOWN AS

SOCIAL SECURITY NUMBER

DATE OF BIRTH

NAME OF EMPLOYER

The Missouri Board for Respiratory Care requests that I submit evidence of work experience in the performance of the duties of a respiratory care practitioner as defined in the respiratory care practice act. I hereby authorize \_\_\_\_\_

(NAME OF EMPLOYER)

to release any information in pertaining to me, favorable or otherwise, directly to the Missouri Board for Respiratory Care, P.O. Box 1335, Jefferson City, MO 65102.

APPLICANT SIGNATURE

DATE

**SECTION II - THIS SECTION MUST BE COMPLETED BY A SUPERVISOR, MEDICAL DIRECTOR, DEPARTMENT DIRECTOR OR HUMAN RESOURCE DEPARTMENT. THIS FORM MUST BE SIGNED BY THE AUTHOR OF THIS SECTION AND THE SIGNATURE NOTARIZED. ALL SIGNATURES MUST BE ORIGINAL.**

I, \_\_\_\_\_, do hereby certify that \_\_\_\_\_

(NAME)

(NAME OF APPLICANT)

performed the duties as a respiratory care practitioner as defined in the Respiratory Care Practice Act from \_\_\_\_\_

(BEGINNING MONTH/YEAR)

to \_\_\_\_\_.

(ENDING MONTH/YEAR)

SIGNATURE

DATE

NAME PRINTED

TITLE

NOTARY PUBLIC EMBOSSEER SEAL

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS  
DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)